

**GEORGIA STATE BOARD OF EXAMINERS FOR  
SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGY**

**PROVIDER APPLICATION  
FOR PRIOR APPROVAL  
FOR CONTINUING EDUCATION**

**This form is for prior approval of a single education activity and should be  
completed by the sponsoring agency or presenter.**

**Approval for a specific course will  
continue for the current licensure renewal period.  
No out of state activities are approved by the Board.**

**I. APPLICATION INFORMATION**

**A NONREFUNDABLE APPLICATION FEE MUST BE PAID AT TIME OF  
APPLICATION. PLEASE REFER TO THE FEE SCHEDULE.**

Your organization must meet the criteria established by Rule 609-7-.01 of the Georgia Board of Examiners for Speech-Language Pathology and Audiology.

Please **TYPE or PRINT CLEARLY** in black ink all items listed below. Incomplete applications cannot be submitted to the Board for consideration.

**II. PROVIDER INFORMATION**

**PLEASE COMPLETE ALL SECTIONS**

Name of Organization:

Mailing Address:

City, State, Zip:

Continuing Education Administrator:

Telephone Number (    )

Fax: (    )

**III. CERTIFICATION**

I certify that the information provided is accurate and that if approved, I agree to abide by the requirements set forth in the rules established by the Board in Rule 609-7-.01 for ALL continuing education programs presented for speech language pathologists and audiologists.

Signature of Continuing Education Administrator: \_\_\_\_\_ Date \_\_\_\_\_

#### **IV. REQUIRED ATTACHMENTS**

**The items listed below must be submitted as part of this application:**

- ☐ A statement describing the discipline under which the continuing education (course) meets the needs of SLP/AUD.
- ☐ A sample program (a detailed syllabus or detailed outline) which meets the criteria established in Rule 609-7-.01.
- ☐ The learning objectives of the sample program.
- ☐ The agenda and time schedule of the sample program. Indicate the number of CEUs you will be awarding to participants.
- ☐ Title and qualifications of the presenter.
- ☐ A sample of the program evaluation instrument.
- ☐ A sample certification of attendance.

**Mail completed application and all supporting materials with application fee to the following address:**

**Secretary of State  
Professional Licensing Boards Division  
237 Coliseum Drive  
Macon, Georgia 31217**

**Approved:**\_\_\_\_\_

**Date:**\_\_\_\_\_

**Approval expires:**\_\_\_\_\_